

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001803

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4

FILED JAN 21 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

WILSON H. MILLER MEDICAL CERTIFICATION

1. PLACE OF DEATH - a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Overland Park	
Length of stay in 1b 28 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeLora Rest Home 622 Benton Boulevard		d. STREET ADDRESS (If outside, give location) 6300 W. 80th Terrace	
3. NAME OF DECEASED (Type or print) First MARGUERITE Middle E Last RAAZ		4. DATE OF DEATH Month January Day 2 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/92
9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and state or country) Valley Falls, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Erwin E. Heath		13b. MOTHER'S MAIDEN NAME Janet Miller	
14. NAME OF HUSBAND OR WIFE Lester A. Raaz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
No		16. SOCIAL SECURITY NO. 9	
17. INFORMANT Mrs. Dean E. McIntire, 6300 W. 80 Terr		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Sepsis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 days years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 12/27/62 to 1-2-63 and last saw her alive on 12/31/62 Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wilson H. Miller M.D.		22b. ADDRESS 3626 S. 24th Ave. Kansas City 24, Mo.	
22c. DATE SIGNED 1-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Jan. 2, 1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	
23d. LOCATION (City, town, or county) Manhattan		23e. STATE Kansas	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-63	
26. REGISTRAR'S SIGNATURE R. L. Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. William A. Miller
3626 Independence Ave.
1:30 PM. 6 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawrence A. Miller

Licensed Embalmer No. 4096

P. O. Address A.C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.